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THE CHIRONIAN

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THE CHIRONIAN.

VOL. II. OCTOBER 28TH, 1885. NO. 1.

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WITH the present issue THE CHIRONIAN enters upon the second year of its existence. What it was and what it accomplished last year its old friends know and have often given evidence of appreciating. We wish to still further improve its tone, extend its influence and increase its value to the profession at large. But it is to the Alumni of our own College that we have a right to look for the most constant encouragement and support. To them, and especially to the graduates of recent years, whose recollection of the incidents of their course is still fresh, and who may still have friends among us, it will be of greatest interest. All that is best of the solid work and jolliest of the fun shall find its way to our pages. Student life will exhibit its pleasantest aspect in the department of College Notes; personal items of interest will appear in their proper place; and the cream of the instruction in lecture room, laboratory and clinic will make up a part of each number. Those who have gone out from our institution in the past will be kept as far as possible in view, and their successes and experiences recorded.

Though owing no enforced allegiance to the "authorities that be," for THE CHIRONIAN is above all a students' journal, yet it will endeavor in every way practicable to forward as much as lies in its power the good of the College and the success of the Faculty. Any abuses which may exist will be unhesitatingly pointed out, and persistently followed up until remedied. Needed reforms will be welcomed with the same free spirit, and the credit given where it belongs. We want to further the pleasant relations which exist between Professors and students.

The columns of THE CHIRONIAN will continue open to the profession generally, and especially to our own Professors, Alumni and students. The spirit of friendly discusssion will be encouraged. We do not wish to be narrow-minded, prejudiced or unfair to any man. In return we ask a continuance of that discriminating commendation and kindly criticism which the journal received last year. With such support we can do our best, knowing that if mistakes are made they will be pointed out and forgiven.

A MISTAKEN idea prevails in some quarters concerning the college journal. It has been asserted by some of the members of the Classes of '87 and '88 that THE CHIRONIAN is edited and published by a clique in the Senior Class, and is in some sense a private enterprise. The Freshman who has just appeared upon the scene of action is excusable in some degree for his ignorance of college affairs; but the men of '87 can have no decent apology to offer for circulating this senseless rumor. THE CHIRONIAN is most emphatically the *students'* paper. Not the Seniors' paper or the Faculty's paper, but represents the student body. Its editors are chosen from each Senior Class, so that each class in turn manages the journal. The Classes of '87 and '88

should take as much interest in the paper as '86. Next year '87 will control it, and look to '88 for support. We wish it understood that we do not delude ourselves with the idea that all the literary ability in the college is centered in the editorial staff. Far from it. We number among us this year many men of ability as writers, and we deem it their duty to aid THE CHIRONIAN by contributing to its columns. We shall be glad to receive contributions from any student in any class. Finally, since the journal is published in the interest of all, let every student resolve to support his own college paper and hand in the subscription price.

IT has been remarked by those who are well informed concerning college matters, that there exists a singular indifference among the undergraduates to college interests. Observation justifies in some degree the statement. For although, like all positive affirmations, sweeping in character, it is not made up entirely of the truth, yet it is certain that there is a lamentable lack of college spirit. It is true that the medical college, with its shorter course, its crowded curriculum and its pervading spirit of utilitarianism, cannot be expected to arouse within its students that deeper sentiment which binds the graduates of a literary college so closely to their *Alma Mater*. But this is no apology for lukewarmness or indifference on the part of the medical undergraduate. On the contrary, the fact that these things are so, stamps him who passes idly by or looks on from afar as one whom overwhelming indolence has seized upon, or whose intelligence needs a rude awakening.

The payment of the required fee is not all we owe the college. It is the smallest and least important obligation which we discharge by checks or drafts. The duty which remains to be performed, reciprocal in its nature, pleasant in performance, urged by innate justice, is cheerfully accepted by generous minds. As the college fosters in every way the interests of her students, so in return she has a right to expect that her welfare will be of interest to those whom she has trained or is training. The recognition of this obligation by the student body constitutes college spirit. But this is nothing more than public spirit localized and intensified. Every man has a certain duty which he owes to society, which is essentially the same in nature as that which the student owes his college. Both have received certain benefits and advantages which money alone cannot pay for, and both are bound in honor to repay. To always receive and never give in return—to absorb as the sponge, to ignore the just claims that a common morality makes—these may be the attributes of a warped and selfish nature, but they are not the characteristics of a broad and noble intellect. Mental myopia is often a cause of error. Many students are unable to perceive that every step forward taken by the college increases the value of their diplomas; that work done directly for the college is work done indirectly for themselves. The future of the college is to no inconsiderable extent in the hands of its Alumni. Their action will largely influence its course. Benefitted in the past by the efforts of others, are they now willing to do anything in return? There are many ways in which an interest may be manifested.

The Library needs books and magazines, THE CHIRONIAN wants more subscribers, the Association wants more members. It will be our privilege as well as pleasure to keep our Alumni informed of the ways in which they may aid their *Alma Mater;* and that we may not fail to send this important news to them we urge them all to forward their subscription to THE CHIRONIAN without delay.

WE are back at college again at last! We have listened to the opening address, greeted our professors, shaken hands with our classmates, smiled condescendingly upon our juniors, who have been struggling with the entrance examinations and taking notes of their first lectures. Most of us are glad to return and are ready for work. Six months have we been laboring to have a good time, cultivate our muscles and acquire what medical knowledge our opportunities allowed. Now we shall have a chance to use our brains more actively, and our wits cannot be too sharp if we expect to cope successfully with the professor when quizzed.

Many a man who had thought himself invincible has gone down at the first onset.

But the six months have not been without profit to most of us. In the preceptor's office, in the dispensary, and at the bedside, many useful lessons have been learned. We have had a little time to digest the medical pabulum which was poured so abundantly into brains and note-books last session. It is one of the greatest disadvantages that a medical student has to combat, that it has been considered necessary to condense into six or seven months the instruction which might with propriety be spread over a longer session. However, this very plan makes possible the long months of vacation in which one ought to be able to assimilate all that was not perfectly mastered.

TO dream of success is one thing and to deserve success is quite another. To wish for professional eminence is not by any means to win it; vague aspirations, yearnings after the infinite, castle building, vaporing, are common enough among young men who desire to attain prominence, but who are not willing to undergo the necessary preliminary discipline and work. They desire to reach at a bound the point which it has taken others years of laborious effort to attain. They must needs travel on a royal road. Step by step does not suit them. It is too slow and involves too much work. And yet if there is any one thing certain, it is that every man now doing a great work, possessed of influence and power, reached his position by slow and steady climbing. The climbing prepared for the work. The first years of professional life are markedly years of preparation. The education begun in college is then rounded and carried on to higher planes.

"Everything comes to him who waits," says the old proverb, and it may be added who is also prepared. Doors do not open to a man until he is prepared to enter them. The man without a wedding garment may get in surreptitiously, but he immediately goes out with a flea in his ear. It is a grand mistake to pass the time in idly waiting for a chance. Opportunities come to all; he who is prepared takes advantage of them. To men who work, who are not afraid of slow and tedious climbing, who neglect no chance for professional and personal improvement, the doors of success open of themselves at last. Work seeks the best hands as naturally as water runs down hill; and it never seeks the hands of a trifler, or of one whose only recommendation for work is that he needs it. The true secret of success is to do without flinching and faithfully the duty that comes next to one. When a man has mastered the duties around him, he is ready for those of a higher grade and takes a step upward. "Preachments are of little avail, perhaps; but when one comes in contact with so many men and women who put aspiration in the place of perspiration, and yearning for earning, and longing for labor, he is tempted to say to them: Stop looking up and look around you. Do the work that comes first to your hands, and do it well. Take no upward step until you have come to it naturally and have power to hold it. The top in this little world is not so very high, and patient climbing will bring you to it ere you are aware."

Si Tu Savais.

SI tu savais comme je t'aime—My own,
I sang this song to you but yesterday;
And then I deemed you surely must have known
My love, my life before your feet were thrown;
Yestreen I thought it wasted breath to say,
Si tu savais.

Si tu savais—Could love like mine lay hid,
Nor aught the secret of my soul betray?
No sudden glance beneath a quivering lid,
Nor broken speech when hated prudence chid
Words from my lips that still would thither stray.
Si tu savais?

Si tu savais—You did not know, my dear,
You deemed my love the fancy of a day,
A merry toy the empty hours to cheer;
So, when the time for parting came anear,
You thought I, too, was weary of the play.
Si tu savais!

Si tu savais—E'en now, at this the last,
Could aught the knowledge to your soul convey,
Would not you come forgetting all the past
Around my neck repentant arms to cast?
Would you, sweetheart, still choose afar to stay,
Si tu savais!

Si tu savais—Within the after years,
When life is drear, and youth has passed away,
And death draws nigh to end both hopes and fears,
A glimpse may reach you through regretful tears
Of all the love that might be yours to-day,
Si tu savais! BELGRAVIA.

Surgery.

"Rest as a Factor in the Treatment of Wounds."

BY A. DE VARONA, A.M., M.D.

(From advance sheets of a book soon to be published.)

BY rest we mean: Firstly, avoidance of every movement that may injure the already broken tissue. Secondly, avoidance of everything that may disturb the coaptation of the broken surfaces, be it from external or internal sources. If we wish broken muscle or broken skin to unite by first intention, without peradventure, we must keep them as immovable as we keep broken bone. The least ripple of motion is enough to destroy the delicate cellular net-work that is forming the union; and after every movement the work has to begin anew, with decreased chances of success, for the broken down cells have to be either discharged or absorbed before new ones can take their place.

Our first efforts, therefore, after bringing together a wound, should be directed towards rendering all involuntary movements, whether molar or molecular, absolutely impossible.

By molar movements, I mean the motion of the whole injured part, such as the arm or leg. This I would prevent by the application of appropriate splints, and by immobilizing the part in as comfortable a position as possible.

By molecular motion, I mean the uncontrollable movement of muscular fibres, which induce muscular tremor. This I would control by well-applied and graded pressure, by means of snugly fitting bandages.

But I would here distinguish between graded pressure, which is one of the most wholesome devices, and strangulation, which is a most mischievous one. The first begins at the distal extremity of the wounded limb, and is carried gradually upwards and above the injury. The second is often unwittingly applied immediately on the injury, leaving the parts below, free from pressure, to swell, blister, and mortify.

Or the same may be done if, on attempting to apply graded pressure, we make loose turns of the bandage below and firm ones above. It is this unskilled method of applying an initial bandage that has brought discredit on a measure that deserves nothing but praise.

There is still another molecular motion which is likely to occur in the part and disturb union if it be not checked: that is, vascular motion.

We must bear in mind that the wound is an impediment both to the afflux of the arterial and to the influx of the venous circulation; that the cut mouths of the vessels have been sealed by ligatures or thrombi; and that, as blood continues to circulate in that direction with undiminished sway, nay, sometimes with increased vigor, if no means be adopted to prevent it, there will occur both arterial and venous stasis around the wounded tissues, inducing the cellular elements to increased proliferation, over-production, and consequent retrogression.

This is, in my estimation, one of the most fruitful sources of wound inflammation; and, although the graded pressure of which I have just spoken checks it to a certain extent, I consider elevation of the part more conducive to the purpose.

By elevation or suspension of the limb we check arterial impetus and favor venous dispersion. That is, we check the force with which arterial blood enters the part by obliging it to spend part of its force in overcoming gravitation; and we add this same force of gravitation to the venous current, impelling it to disperse itself through all available channels in its forced descent, thus freeing the tissues around the wound from its unwelcome pressure.

As I intimated before, if we wish to be on the safe side, let us protect fractures of the soft parts from internal sources of unrest as thoroughly as it is customary to protect bony fractures.

Now, as to the external sources of disturbance, I should say that they were just as important, if not more so, than the internal.

One of the most constant is surgical assiduity, the unconquerable desire to do something which besets some surgeons, and of which I shall only

speak just now in the form of unnecessary interference with the dressing.

When wounds are dressed, as they have been heretofore, with a view to courting suppuration, and this occurs, as it is perfectly natural that it should, I can understand the necessity of torturing the patient by cleansing the wound and renewing the dressing every day. But when our object is to induce healing by the first intention, by the practice of the most conservative means, the dressing should not be disturbed unless it be to add to the chances of immediate union. In fact, the ideal dressing is that which shall have been so carefully devised and in which every emergency shall have been so accurately forestalled that it shall not need removal until the wound shall have healed.

To those who may find fault with this plan, on the score of uncleanliness, I would answer that the end amply justifies the means; and, moreover, that in nature's laboratory there is no such thing as dirt; all things in their proper relations are clean, no matter what their chemical components may be. It is want of relationship that constitutes filth. Mud on white linen is dirt, but mud around the bulb of a tuberose resolves itself into the most fragrant aroma. So if a dressing, though impregnated with skin effluvia, is accomplishing a physiological purpose better than any other that could be placed in its stead, it is in its most proper relation, and in no way unclean.

But all external disturbances do not necessarily occur after a wound is dressed; in fact, in accidental wounds they are more numerous and more to be dreaded before the dressing. It is my belief that, as a general thing, more harm befalls the accidentally wounded between the time they receive their injury and the time their wounds are finally dressed, than what was caused by the original accident.

Much of the evil done is caused with the best intentions. The person who, on seeing a man fall from a scaffolding or thrown from a carriage, runs to proffer his services and helps carry him into the nearest house, has no idea of the irreparable injury he may be inflicting. The necessity for rest begins so early after an injury, and unskilled interference is so fraught with danger, that I hold a man meeting with a serious accident should be allowed to lie where he falls. He should not be carried to the nearest house, but the nearest house should be carried to him—that is, as much of it as he needs—some protection from the sun or rain, if there be any, a pillow for his head, and a blanket to cover his body, is probably all he will require until proper means of removal arrive.

For my part, such is my dread of unnecessary disturbance, and its consequent pain and possible injury, that I never approach an injured person with "How do you do?" but with a firm though gentle injunction, "Lie perfectly still," lest in returning my greeting he should involuntarily do himself injury.

Then I use my eyes and ears before I use my hands and instruments. I trust I may be pardoned for advising that when the hands be used they be used gradually and gently. A preliminary nursing stroke far away from the injury reassures and calms the nervous dread of being hurt at the first approach. I have seen a simple fracture of the tibia turned into a compound one by an involuntary jerk of the leg, on being touched suddenly by a rough operator. A stone cutter with a broken bone is sometimes as timid and excitable as a hysteric damsel.

It is not necessary that I should dwell upon the fact that manipulation, however necessary, aggravates all injury tenfold.

Probing a wound is advisable only under exceptional circumstances, to ascertain the location of foreign bodies, which are known to be in the wound, for instance, and even then with limitations.

If a bullet be not found at once, though it be known to be in the wound, it should be left to itself.

As for probing a wound, as so many surgeons do, simply to ascertain its depth and breadth, it is preposterous. Whether it be an inch or six inches deep, the treatment is the same. What matters the knowledge of the depth of the wound, as compared to the suffering of the victim, and the possible harm the probe may inflict?

Under no consideration should a probe be

passed from hand to hand to allow every professional man present to give his opinion or satisfy his curiosity.

It is to insure rest that anæsthetics are at times used in dressing fractures and other wounds. Anæsthetics control muscular and nervous spasms, and those other two fruitful sources of unrest, pain and anxiety.

In closing my remarks upon the subject of healthy wounds, I would say that I have purposely limited the scope of treatment to the observance of the three essential factors, cleanliness, coaptation and rest, to the absolute exclusion of all external or internal medication, because I firmly believe that no medication can improve upon the condition of a healthy wound, and that any substance that may touch the delicate film that joins the two cut surfaces can only do it harm.

It may have been noticed that I frequently mentioned carbolic acid as a means of preparing for use many of the articles I have recommended —catgut, bone-drains, silk, etc. Our reasons for doing so are the following :

We believe in the existence of atmospheric germs, and we believe they are one of the sources of animal decomposition. But we do not believe that atmospheric germs, *per se.*, can produce decomposition or putrefaction in healthy living tissue, which it has been amply proved have the power to resist the invasion of these atmospheric germs. It is in unhealthy, degraded, and especially in dead tissue, that these germs thrive, reproduce themselves, and create inflammatory disturbances.

It is the old story of "the survival of the fittest." Between living, healthy tissue cells and living atmospheric cells, the victory is for the tissues ; they can destroy myriads of vibrios and bacteria and be none the worse off.

On the other hand, between living atmospheric germs and dead animal cells or elements, the victory is for the bacteria, and they soon thrive to such an extent that the dead tissue is turned into a festering pool of putrefaction. And such would be the fate of our catgut, decalcified bone, silk, etc., which are all dead animal tissue, if we failed to charge them with a powerful germicide.

Treatment of Colles' Fracture.

BY ORANDO S. RITCH, M.D.

THE conditions necessary for this treatment are a solution of continuity of the inferior extremity of the radius. With the exception of fracture of the clavicle, there is no bone in the human skeleton more liable to fracture than this. It is easily accounted for by remembering the location. While in the act of falling upon the palmar surface of the hand, the effect of the weight of the body is centered at this point, and a fracture is the result. At the usual site of fracture the cancellated tissue is covered by a thin layer of compact tissue, hence the weakness of the bone at this point. This fracture is met with in both sexes, but is more common in men under thirty years of age and in old women.

The pathology has been clouded in much controversy, and decided stands have been taken by different writers. Among the earliest is Colles, of Dublin, after whom this fracture is commonly known. R. W. Smith, in his treatise on Fractures in the vicinity of joints, Dupuytren, Voillemier and others, and recently in this country by Moore, Packard and Pilcher, have written on the subject. The fracture is transverse, and produced by indirect violence, and is located about one inch and a half from the articulation. The conditions of displacement are given by different writers, although cases do occur where it is not apparent. Voillemier, Nelaton and Erichsen contend that the displacement is backwards and upwards. The carpal articular surface, besides occupying a position more posterior than normal, as regards the shaft, has an inclination backward instead of forward, so that the inferior fragment has undergone a rotation on its transverse axis. This change is modified by the strong ligaments of the lower radio-ulnar articulation confining the inner side of the fragment more in place than the outer, so that the displacement is more on the side of the styloid process, and the outer border of the bone is shortened. Hence it is the hand inclines to the radial side, and it is conceived that this dis-

placement is produced by a penetration of the posterior surface of the superior fragment into the cancellated structure of the inferior. This theory is opposed by R. W. Smith, who states that no such penetration occurs, but the distortion is by combined action of the supinator longus, the extensors of the thumb, and the radial extensors of the carpus. Pilcher states that the deformity is due to the immobility of the ulnar. Moore maintains that the deformity is due to the dislocation of the ulna. It is a question whether this luxation is a symptom, or a condition of itself, but, aside from this, the symptoms are so pronounced that it is easily recognized. The patient is unable to perform the acts of supination and pronation, and suffers pain. Crepitus is uncertain, but no matter how much the symptoms may be marked, if you can get preternatural mobility you will not be deceived in your diagnosis.

Treatment.—Many devices have been invented for the treatment of this luxation and fracture, all tending to overcome certain conditions, from certain points of reasoning. The pistol-shaped splint is one of the most common, but the stiffness it produces of the fingers, even if flexed, the continued swelling about the wrist and carpal bones, and the indurated condition of the sheaths of the tendons, have led surgeons from its use. For six years I have used Moore's dressing entirely, and with very flattering results. If a luxation exist it is reduced, then the fracture. The apparatus as I use it consists of a hard roller bandage, two and a half inches wide, one and a half inches in diameter, a strip of rubber adhesive plaster three inches wide, and long enough to encircle the wrist twice, and a roller bandage. By extension and counter-extension, bring the fractured extremities into apposition, lay the hard roller between the ulna and radius, on the inferior surface, so as to lift the fragments and maintain them, then apply the adhesive plaster around the wrist and roller, and encircle the whole with a few turns of the loose bandage. Its advantages are its simplicity of application, while meeting the requirements of a splint as near as possible, with less danger of anchylosis of the wrist or stiffness of the fingers, less obstruction to the circulation, and less deformity than with any other splint. I have treated cases with scarcely any deformity, and can see no good reason for obstructing the upper extremity below the wrist and joint.

Theory and Practice.

Cases Reported from Dr. St. Clair Smith's Record.

MOLAR TOOTH IN RIGHT BRONCHUS.

A YOUNG Irish servant girl was sent by her employer, a dentist, to consult me about "bad breathing." She reported that, having a troublesome molar, she had, a few days before, without consulting her employer, gone to a dentist who advertised to draw teeth without pain.

Took gas when the tooth was extracted. On returning to consciousness was lying on the floor and they were dashing water in her face. From that time she had experienced great difficulty in breathing. The dentist had assured her that the tooth was out and everything all right.

She had great dyspnœa, increased by exertion, extremely anxious expression of countenance, marked lassitude, and general perspiration. Face was dark red and lips slightly cyanotic. Pulse regular and weak; no cough. Examined chest with negative results. Attributed the difficulty to the effect of gas on the nervous system. Prescribed lachesis. Next day she called again and was much worse; so weak she could hardly walk; dyspnœa extreme. Told her at once to go home and I would call to see her. Found her later in bed, half reclining, breathing with difficulty. Lips cyanotic, deep red spot on right cheek, suggestive of pneumonia. Body and face bathed in profuse perspiration. Pulse rapid and full. Violent, spasmodic cough with abundant muco-purulent expectoration. Whole appearance and manner expressive of extreme anxiety. Examined chest by auscultation, and found entire absence of respiratory sounds on the whole right chest, except at apex of the lung, where there was feeble vesicular murmur. Dull-

ness on percussion. Confessed I was somewhat nonplussed. Could get no evidence of effusion or chronic pleurisy. Gave sanguinaria. Saw her again the next morning, and found her very much worse in every respect. Extreme prostration, cough violent, pulse very full and rapid, temperature 103½°. Expectoration very abundant, muco-purulent, streaked with blood. No change in condition of chest. Extremely restless and anxious. Gave arsenicum with milk punch and strong broths.

Saw her again later in the day, her condition still worse. Gave unfavorable prognosis, advised notifying her relatives and friends, if she had any. Called again in the evening, and found her condition really desperate. Told her friends that she would probably not survive the night. Advised continuance of treatment. Called early next morning, and found my patient sitting up in bed, apparently well, chatting with her friends who had remained with her during the night. Before I had time to express my surprise at so favorable a change, was greeted with the remark: "Look in the basin and see what she has spit up." On looking I found nearly the whole of a large molar tooth, which she had expectorated in the night during a violent fit of coughing and strangling. Until I saw the tooth, had been unable to make diagnosis, and the possibility of a tooth in the bronchus had not occurred to me. The dentist, in extracting it, had accidentally dropped it from his forceps into the larynx. On examining chest found resonance on percussion. Abundant mucous rales all through the lung. Of course the dyspnœa and other unpleasant symptoms had disappeared. The girl had no further trouble, and made a rapid recovery.

CASE OF PERIOSTITIS OF BOTH TIBIA.

Boy, aged 14, cachetic and badly nourished. Disease had progressed for some days when first called. He had had several previous attacks. Anterior of tibia of both legs uneven, with prominences like exostoses in different parts.

Legs swollen, shiny, deep red, purplish color in spots. Swelling extended from just below the knee nearly to instep. Pitted on pressure. Extremely sensitive to touch, especially over exostoses. Tried to get a history of syphilis, but could not. Boy was pale and emaciated, high fever, rapid pulse, coated tongue, no appetite. Tearing, aching pains, intensely aggravated at night, and on change of the weather. Perspired profusely. Gave Merc., afterward Aurum, without effect, but grew worse under both remedies. Was unable to sleep at night, from intense suffering. Looked as if periostial abscesses would form in both legs. Found him one day sitting on edge of bed, with both feet in hot water, dashing the water on tibia, which gave relief. Pain dull, aching, sometimes tearing. The family was poor, living in lower part of the city, and I advised the mother to send boy to hospital where he could receive better attention.

Prescribed Asafœtida to be given in water every hour or two, according to severity of pain. Did not call again, as I supposed he would be taken to hospital next day. A week afterward, while visiting patient in same house, met this boy, to my amazement, coming down the stairs. He reported that soon after the first dose of Asafœtida he obtained relief, and that he had taken all the medicine. I had only left him one powder to be dissolved in 12 teaspoonfuls of water. He felt perfectly well and said there was no pain nor soreness left in the legs. I went with him to his room and made a careful examination, finding, to my surprise, that his statement was correct. Swelling, soreness, redness, all gone. Considerable thickening of the periosteum and exostoses only remaining.

I kept this boy under observation for some time, but gave no medicine. There was no return of his trouble, and after a few weeks all the thickening had disappeared, and only parts of the larger swellings remained, considerably reduced in size.

Since then have had opportunity several times of prescribing Asafœtida for periostitis of tibia, and particularly at its lower end, and always with most satisfactory results. Have always given it in high potency. The relief has invariably been so prompt and lasting, as, in my mind, to preclude the possibility of coincidence. I consider Asa., in high potency, one of our best remedies in case of periostitis of the lower extremi-

ties, especially lower end of tibia and ankle, and have also seen very good results follow its administration in cases of caries of those parts, resulting from periostial inflammation.

Infantile Paralysis.

BY H. S. GRAVES, M. D.

EDDIE KENNELLY, a boy of about six years, was first visited from the dispensary April 8, 1885, and found suffering from a nervous trouble, his history as far as could be ascertained was as follows. He had been suffering more or less for two years. In the spring and summer of 1883 he had a wasting and St. Vitus' dance, and had been circumcised. In the winter following ('83-'84), he had seemed to have the same disease as at present and without medical treatment appeared to recover. In the summer of '84 he was at a charitable institution, where he contracted measles and was sent home suffering from his present trouble, not having been well after the measles. He was sick all winter ('84-'85), without medical treatment, his mother saying she thought he would get well without it as he had done the previous winter, but as he seemed worse in the spring she had applied to the dispensary. Dr. Best ('85) found the boy much atrophied in body and limb, unable to stand an instant without being held up. He seemed to have no control over his muscles. His limbs moved erratically when he attempted motion. He could not feed himself. His tongue was thick and he was without power of speech. His mind was clear, sensation of skin not lost and the function of digestion was regularly performed. A passage or more from his bowels occurred every day, normal in consistence and appearance, but very offensive, and he had a fair appetite.

A diagnosis of infantile paralysis was made and Æthusa prescribed. The effect of this drug was immediate. The boy was better next day and the improvement continued. In about five weeks he could walk to the dispensary with slight assistance, having only occasional irregular action of the limbs, and by the end of May he could walk without any assistance. All summer he has been perfectly well, running about in bare feet in wet or dry weather without injury, and is now stout and hearty and going to school.

The first visits were made by Dr. Best and treatment continued by Dr. Graves, under whose charge he came at the dispensary.

Croup Complicating Diphtheria.

REPORTED BY W. DANFORTH, M.D., MILWAUKEE.

BOY six years of age had severe form of diphtheria. Treated with Nitric Acid, and patient seemed to be doing remarkably well, when on the fourth day membranous croup appeared. Aconite and Kali Bich. were given during the day. Was sent for at midnight and found him in cyanotic condition, and, of course, expected he would die. Ice constantly applied to the throat in large quantities gave immediate relief, and he passed a comfortable night.

At the end of thirty hours he was seized with a violent fit of coughing, and a large membranous cast was thrown off, followed by smaller pieces. Ice was kept on for thirty-six hours. Recovery complete.

Chronic Headache.

REPORTED BY F. E. M'NAMARA, M.D., MILWAUKEE.

MAIDEN lady, aged thirty-two, suffered from the time of puberty with severe chronic headache, and all efforts to obtain relief from the old school treatment proved unavailing. Attacks occurred once in seven or ten days, pain being chiefly on top of the head, accompanied by great burning heat. During attack face flushed and soles of feet burned like fire, and were thrust out of bed into cooler air for relief. Appetite was poor, but a sense of "goneness" felt about an hour before dinner was relieved by eating. Patient was also subject to "fainting spells," compelling her to sit down frequently through the day. Uterine trouble was suspected, but patient objected to an examination.

Gave sulphur three times a day. After three weeks reported but one attack during the interval, and that a light one. These attacks diminished in frequency and severity, till at the end of two months a cure was pronounced. Two years have passed and no return. An accompanying trouble, chronic constipation, was subsequently found to have been relieved at the same time.

Paedology.

Trismus Nascentium.

APROPOS of the publication of "The Story of My Life," by the late Dr. J. Marion Sims, a few words on the subject of trismus nascentium may not be out of place ; for, according to Dr. Sims's statement, up to the time of his discovery of what he considered to be the true cause of this disease no case had ever been cured.

Trismus nascentium, while of extreme rarity in most parts of the temperate zones, is of most common occurrence in the tropics and exceeds in fatality any other disease to which infants are subject. But in some parts of the more temperate regions the mortality from this cause has even exceeded that of the warm countries where the disease is most common. While of rare occurrence in Iceland, in the neighboring island of Heimacy it is said to be of such frequency and uniform fatality that were it not for immigration the populace would entirely die out. In the Island of St. Kilda, off the coast of Scotland, it is also very prevalent. In both of these islands the inhabitants are a dirty, degraded, ignorant people. In certain parts of Germany its frequency has varied in different years. The home of trismus seems to be in warm countries, and the especial objects of its attack are the children of the Negro race. At one time nearly one-half of the colored children of Louisiana died of trismus, while in San Domingo about eighty per cent. succumbed to it before their ninth day.

As to the precise cause of this disease nothing is positively known, although the general opinion has pointed to the ulceration of the umbilical cord as being principally concerned in its production. It has however occurred under a variety of conditions, and in many cases no alteration of the cord could be observed. The probable reason why trismus has been considered to be in some way connected with the inflammation of the cord, is that the falling of the cord and the appearance of the disease usually occur between the third and ninth day. This connection in time naturally drew the attention of observers to the condition of the cord, and to its ulceration they attributed those phenomena to which has been given the name of trismus or tetanus nascentium.

Sudden change of temperature has been assigned as one of the causes of trismus. Ziemsen tells of a nurse, whose ability to distinguish heat having been diminished by sickness, prepared too hot baths for the infants that came under her charge. So many of them died of trismus that a public investigation followed which revealed the facts stated. Smith quoting Insel gives the history of the increase of tetanus in Cayenne. In a hamlet surrounded by mountains and dense forests from six to eight per cent. of the infants died of tetanus. After a large part of the forest had been cut down, so as to allow access to the cold sea winds, almost all of the new-born infants fell victims to the disease.

Uncleanliness and impure air must be counted among its causes. In a Dublin hospital the mortality in this disease was reduced from fifteen per cent. to five per cent. by simply improving the ventilation of the wards. In nearly all cases in countries where trismus is most common there is a neglect of personal cleanliness, a lack of attention to the importance of proper light and ventilation, and a total disregard of all precautions for the proper desiccation of the cord. It is for this reason that the disease is so common and so uniformly fatal among the ignorant, degraded people of warm countries. For although it attacks the more educated and enlightened whites of the South, the percentage of cases among them is very much less than among the blacks. Hart thinks that the princi-

pal cause of trismus is impure air, which by poisoning the blood irritates the nervous system, and thus produces the characteristic convulsions. Out of nine cases mentioned by Schuetz, only two were thought to be due to ulceration of the umbilical cord. In six of these cases hemorrhage was found in the cavity of the skull and twice in the spinal cavity. From this evidence he concludes that when, from whatever cause, sufficient pressure is produced on the nervous contents of these cavities, the symptoms of tetanus will be produced.

This brings us to the theory regarding the origin of trismus nascentium maintained by Dr. Sims, namely, that the spasms are produced, not by an ulcerative process in the umbilical cord, not by exposure to sudden changes of temperature, not by a nervous irritation caused by impure air poisoning the blood, but simply and solely by the pressure of the occipital bone on the brain. In support of this theory he relates the following case in "The Story of My Life":

He was called to see a negro baby with trismus. Not expecting to be able to give any relief, he went solely to study the case. The child was lying in a cradle on its back. It had been in spasms for two days and nights, and looked as if it were dying. Its respiration was very rapid and its pulse could hardly be counted. Touching it would throw it into convulsions; laying it on its face would cause spasms. Any noise would produce them. It could not swallow, could take no nourishment, and it was impossible for it to suck. It was covered with a cold, clammy perspiration. Its hands were tightly clenched, so that the finger-nails were almost cutting into the flesh on the palms of the hands. The legs and arms were as stiff as a poker, and the whole body was rigid because of tonic contractions, and every few minutes there would be spasms independent of tonic contraction. Its face was drawn around so that it wore a sort of sardonic grin. Altogether the picture was a disagreeable one to look upon. After examining the child for a while I ran my hand under its head to raise it from the deep cradle in which it lay. I raised the child and found it as stiff as could be, and instead of bending, it came up like raising a pair of tongs in its rigid condition. While in the act of raising it my hand detected a remarkable irregularity in the relations of the bones of the head. I sat the child against my knee because it was so stiff that it could not sit on it, and began to examine its head. At the back part of the head I found that the occipital bone, bore under deeply on the brain, and the edges of it, along the lambdoidal suture, were completely overlapped by the projecting edges of the parietal bones. This was certainly the most unnatural thing I had seen, and I immediately suspected that the spasms, both tonic and clonic, were the result of mechanical pressure on the base of the brain, effected by the dislocation of this bone by the child lying on its back. It took some minutes for me to make this examination. After I had become thoroughly familiar with the physical condition observed, I turned my attention again to the child, and was surprised to find that, by the erect posture removing the pressure from the base of the brain, the pulse could be counted and the respiration had fallen from one hundred and thirty to about seventy. The child died, and the *post-mortem* showed an extravasation of blood between the spinal marrow and its membranes, caused by the pressure of the occipital bone.

During the past year Dr. Hartigan, of Washington, D. C., has given additional weight to Sims's theory by the publication of a monograph on trismus nascentium. He takes the same ground as Dr. Sims, and substantiates his theory by reports of over fifty cases and *post-mortems*, his record containing a large number of cases.

In these cases there was an alteration of the normal position of the occipital bone, and, in most instances, relieving the pressure on the brain by changing the child's position to its side was followed by speedy recovery. The depression of the bone was caused by placing the child on its back in the cradle and by the usual manner of holding it when nursing, so that the arm pressed on the occipital bone.

(*To be continued.*)

THE most sure method of subjecting yourself to be deceived is to consider yourself more cunning than others.—*La Rouchefoucauld.*

Books Received.

Lectures on Clinical Otology Delivered Before the Senior Class in the New York Homœopathic Medical College, to which are added Cases from Practice and Summaries of Remedies. By HENRY C. HOUGHTON, M.D., Senior Aural Surgeon to the New York Ophthalmic Hospital, etc., etc. Pp. 260. Boston: Otis Clapp & Son.

THE thanks of the profession are due Dr. Houghton for this valuable and interesting volume. His extended experience in the Ophthalmic Hospital, his skillful and successful treatment of diseases of the ear, and his profound knowledge of aural therapeutics peculiarly fitted him to prepare this work. Concise yet clear in statement, logical in arrangement and thoroughly practical, it entertains while it instructs. The body of the work consists of twelve lectures delivered before the Senior class of the N. Y. Homœopathic Medical College. Of the lectures the first is mainly introductory, treating of causes and nature of diseases of the ear, and describing instruments employed. The second and third lectures treat of diseases of the external ear. Diseases of the middle ear are considered in the next seven lectures, while the eleventh deals with diseases of the internal ear, and the twelfth lecture with deaf-mutism. A large number of cases are given to illustrate the action of medicines, and after each section is added a valuable summary of remedies. An important feature of the book is the repertory found at the close. A list of abbreviations is added, and an index concludes the volume. The publishers have done their work well, and have made an exceedingly handsome volume. We heartily commend the book not only to the profession at large, but especially to all students who desire to gain a better knowledge of aural diseases.

American Medicinal Plants. By C. F. MILLSPAUGH, M.D. New York and Philadelphia: Boericke & Tafel. Fascicle II., containing Nos. 6–10.

FASCICLE II. is even more satisfactory than its predecessor. The publishers were evidently determined to spare no expense in producing this work, and, as they state in their announcement, the lithographs and letter-press pages do "speak for themselves." In accordance with the plan of the work, this part contains thirty colored plates with accompanying descriptive text. Dr. Millspaugh is not a man of many words, but what he has to say is to the point. He describes each plant, gives its history and habitat, the part used and preparation, the chemical constituents and physiological action. The plants described in this second fascicle are Abies Canadensis, Abies Nigra, Actæa Spicata, Apocynum Cannabinum, Arum Triphyllum, Caltha, Carya Alba, Caulophyllum, Cephalanthus, Cypripedium Pubescens, Dirca Palustris, Equisetum, Fagopyrum, Gelsemium, Geranium, Maculatum, Glum Rivale, Hepatica, Juglans Cinerea, Mitchella, Œnothera, Podophyllum, Pulsatilla Nuttalliana, Ranunculus Acris, Scrophularia, Senecio, Taraxacum, Thuja, Trillium Pendulum, Viola Tricoler, Zizia. It is expected that the work will reach completion in about two years.

A Lecture on Homœopathy, before the members of the Boylston Medical Society. By C. WESSELHOEFT, M.D., Professor of Pathology and Therapeutics of Boston University School of Medicine. Boston: Otis Clapp & Son.

PROF. WESSELHOEFT states in his introduction that last March he received an invitation "to answer some questions concerning homœopathy" before the Boylston Medical Society, consisting of the advanced students of the Harvard Medical School. From the questions proposed fourteen were selected, and the answers to these questions form the subject matter of the lecture. Each question is met fairly and fully. The essential principles of homœopathy are discussed at length. We advise every student to procure a copy of this little work.

The Therapeutics of High Temperatures in Young Children. By WILLIAM PERRY WATSON, A.M., M.D. Philadelphia: John E. Potter & Co.

DR. WATSON'S pamphlet will repay perusal. While we may not agree with him as to the employment of certain medicines which he

strongly urges to reduce the temperature, yet when he comes to speak of the uses of water in this connection, his remarks are practical and convey valuable instruction. We commend his lecture to all who are interested in the subject.

College Notes.

Opening of College.

NO more enjoyable event will occur in this the 27th session of the college than the opening exercises held in the upper lecture-room on the evening of October 6th.

A large audience was present composed of many alumni and their wives, resident physicians, and members of the different classes, who all felt, from their frequent and hearty applause, in holiday humor.

The speaker of the evening, Prof. Wm. Tod Helmuth, was introduced by the Dean, Prof. T. F. Allen, and held the attention of those present for nearly an hour with a most able paper upon "The Surgery of the Present."

Several incidents were related in such graphic manner that one could almost hear the click of the chisel and the whirr of the saw and see the patient writhing on the table.

He certainly accomplished his object—to show the giant strides taken by the science as well as the art of surgery since he, as a student, occupied our places. The lecture entire will be given our readers at an early date. After the applause succeeding the close of the lecture had subsided, Prof. Allen mentioned the several important changes which had been made in the Faculty.

Prof. St. Clair Smith was introduced and made a short speech, in which he recognized the duties which, as Professor of Theory and Practice, in place of Professor Bradford, would devolve upon him. Prof. Allen then referred in pleasing terms to our genial Professor Lilienthal, whose chair will be filled by Dr. Selden H. Talcott, Medical Superintendent of the State Homœopathic Asylum for the Insane, at Middletown, N. Y.

A round of applause followed the mention of the name of Prof. Blodgett, showing the large corner in the student's heart reserved for this favorite lecturer, whose place will be filled by George M. Dillow, M. D., on Diseases of the Kidney, and Charles McDowell, M. D., who will deliver the course of lectures on Physiology. The following day the Dean gave us his usual familiar "talk," which was carefully listened to by the students, describing the present state of homœopathic therapeutics.

The Freshman.

AS quietly as the sunset rays are cast across a Hoboken frog pond, and with the same awed expression of countenance as one standing on the very brink of Vesuvius and gazing into the awful depths below, so quietly and silently filed the Freshman class into their seats for their first lecture.

The middle men were there first and each trembling footstep was accompanied by a hearty *tramp*, *tramp*, *tramp*, ending with a TRAMP of the most emphatic character, as the classic forms of the Freshmen at length settled in repose on the velvet divans they had selected.

Their eyes reflected the brilliant dreams within and each man was thirsty for "Bee-el-yu-double-de BLUDD."

They come from homes scattered from the Mighty Mississippi, to Mount Morris, from Pock-marked Montreal, to Mosquito-bit Jersey, where they have already achieved renown for their extraordinary development of cerebrum, and patience with which they have cultivated their first moustache.

They have bid an aqueous adieu to the scenes of their childhood and bad debts, and with pocket books as big as the head of a Fourth Ward politician the morning after election, they assemble in these honored walls as the class of '88.

We would not break the peculiar and indescribable charm which surrounds your advent here, but in tones as soft as an angel's whisper in the bright, joyous dream of sleeping innocence we give you this advice: "*Don't cut any lectures*," or else next spring, with the last feeble exhalation of your fleeting breath, you will murmur: "I've been PLUCKED."

Hahnemannian Society.

THE fourteenth annual meeting of the Hahnemannian Society for the election of officers and quiz masters was held October 14th, at 7:30 P. M.

Vice-President P. Gordon Smoot called the meeting to order and occupied the chair.

Thirty-nine new members presented themselves and were admitted.

The society then proceeded to election of officers, and the following were chosen :

President, P. Gordon Smoot, '86 ; Vice-President, P. B. Watts, '87 ; Secretary, G. T. Hawley, '86 ; Treasurer, W. T. Helmuth, Jr., '87.

The following quiz masters were then elected : Materia Medica, S. A. Stacy ; Theory and Practice, W. S. Hall ; Obstetrics, E. E. Keeler ; Surgery, A. M. Ritch ; Pædology, J. MacMillan ; Gynæcology, W. T. Hudson ; Physical Diagnosis, J. W. Dowling, Jr. ; Nervous Diseases, G. H. Nichols ; Ophthalmology and Otology, T. Thiel ; Genito-Urinary, F. A. Faust ; Kidney Diseases, F. H. Munroe ; Dermatology, W. L. Bartholomew ; Anatomy, G. M. Smith ; Physiology, C. A. Ward ; Chemistry, J. C. Jackson ; Pathology, C. F. Snyder ; Histology, G. B. Best ; Toxicology, M. J. Adams ; Medical Jurisprudence, H. B. Minton.

The treasurer's report for the past year was read by Mr. Hawley and accepted by the society.

The following resolution was offered by Mr. Chace :

Resolved, That hereafter the regular meetings of the society be held on the second Friday of each month instead of the second Wednesday.

Laid on the table for one month.

After the final roll call the meeting adjourned.

A SNAIL who goes about his business and does n't stop to gossip with every bug he meets can creep 300 feet between sunup and sundown. That 's far enough for any snail.—*Detroit Free Press.*

HAPPINESS is like wealth ; as soon as we begin to nurse it and care for it, it is a sure sign of its being in a precarious state.

Jottings.

EIGHTY-EIGHT, great, great.

WE 'RE now getting down to work.

"WHAT is the difference between congenital and acquired hernia ?"

FASHION NOTE.—Pants are to be worn longer this month than last ; one day longer.

THE halls echoed to the old war cry of "Martino !" as this graduate of '84 appeared at the opening lecture.

THE majority of the Seniors say they are glad to occupy the front rows of seats, although they know the peril therein.

A GOODLY number of students were present at Prof. Helmuth's first clinic, October 7th, which, as might be supposed, was preceded by a quiz.

THE thirty-nine new members received by the Hahnemannian Society at its first monthly meeting increases the total membership to ninety-one.

DR. L. A. OPDYKE, '85, of Jersey City, paid us a flying visit last week. He seems not to have lost his interest in college affairs amid the rush of practice.

PROF. DOWLING gave an excellent introductory lecture illustrating the importance of acquiring a thorough and accurate knowledge of his branch, that of Physical Diagnosis.

QUITE THE PROPER THING.—"I would have you feel as though I were one of you boys, with just a little the start."—E. V. Moffatt, M.D., in his opening lecture on Materia Medica.

ON the day of the explosion at Hell Gate, in consequence of the attending confusion at the Hospital on Ward's Island, where he is located, it is reported that "Freer's other cuff" was lost.

AN event of never failing interest to the parties concerned is the drawing for seats. This year it occurred Friday, October 9th. As usual, not every one succeeded in getting the seat he wanted.

ANY of the Alumni wishing to obtain any information concerning their classmates, are invited to use the columns of THE CHIRONIAN for that purpose. It circulates among them all, far and near.

SEVERAL of our last year graduates have matriculated for the present session, and intend to profit by the opportunity to increase the amount of medical lore in their possession while attending to their practice outside.

IN another column will be noticed an extended article of much interest on "Rest as a Factor in Treatment of Wounds," by Dr. Varona. It is taken from advance sheets of a work soon to be published by him. It is worthy a careful perusal.

THE facilities for elevating the temperature in the lower lecture-room have been immensely improved. "Frank Dryer's Cheap Stove" has been sold to a junkman, and it is to be hoped that overcoats and mittens will no longer be needed.

THE members of the class of '87 believe in putting their best men forward every time. In their election of Class Officers, October 13th, the following were chosen: For President, Stewart; Vice-President, Watts; Secretary, Smith; and Treasurer, Nichols.

C. C. HAMMOND, of Fayetteville, N. Y., who was prevented by reason of ill-health from continuing his course last year, says he cannot get along without THE CHIRONIAN. He has not been forgotten by his classmates, and we would all be glad to see him back in our ranks.

OF the class of '85 quite a number of the men are in New York and vicinity. Since the opening of the year many of them have looked in upon us. Drs. W. E. McCune, D. R. J. Atwell, F. L. Barnum, C. F. Buck, F. R. S. White, K. B. Bullel, M. J. Hall and W. W. Heberton were of the number.

M. J. HALL, '85, who last year performed so satisfactorily the duties of reporter of college news, and M. M. Adams, '85, have a pleasant office at 114 East Twenty-fourth street. Dr. Hall is in the college dispensary as resident physician. Dr. Adams has a clinic in the same institution.

THE once familiar face of E. D. Fitch, of Worcester, Mass., is to be seen once more in the college halls, where it has been missed since '84. Last year its owner was engaged in teaching, and now he says the Class of '86 will have to lose him, as he does not now expect to come up for his finals until '87.

IN view of the present increasing tendency to place pathology and diagnosis on a level with or on a plane above our Materia Medica in many homœopathic colleges, it may be pertinent to inquire with Julius Schmitt "whether the aim of the true healer is to cure disease or to write scientific certificates of death?"

PROF. TALCOTT, in his introductory lecture on Mental and Nervous Diseases, offered the following prizes: 1st, A cash prize of $50 for the best synopsis of his lectures handed in by a Senior student; 2d, A cash prize of $25 for the second best; and 3d, For the same from any member of the middle class a valuable set of medical works on Insanity.

WE are disconsolate over the loss of that human paragon, the oral cornetist of '85. When shall we hear his like again? As cold *aqua pura* to a desiccated pharynx, so was his music passing through our *meatus auditorius externus*. But as he has removed no further than 351 Eighteenth street, Brooklyn, we shall hope to soon see his pleasant face lighted up as it will be with a paternal smile as the boys shout for a "Solo! Lawrence! Solo!"

AFTER listening to his first lecture in Materia Medica, S——, of the Class of '86, is reported to have said that he saw "no need of any other drugs, as that might be used in all the diseases human nature is heir to," being, according to his idea, "a sovereign specific and instantaneous remedy for distempers—acute, chronic, nervous, general, local, real, and imaginary—for gunshot wounds, cross eye, simple and compound fractures, casualties of all kinds, and sudden death."

THE ranks of '85 have already been re-enforced in a manner which, if only continued, will soon result in their numbers being doubled. Close, who came from far-away California, was the first to secure an assistant in his growing practice. The marriage took place on Tuesday evening, April 21, 1885, in the First Presbyterian Church

of Boston, a large audience being present. The ceremony was performed by the Pastor, Rev. V. A. Lewis, D.D. The lady was Miss Evangeline L. Lewis, daughter of the officiating clergyman. After spending about a week in Boston and vicinity, they came to Brooklyn, where they are now located at 170 Hart street.

THE following will be unpleasant news to many. We hope to hear of his improved condition. Let us know, "Chat," how you are:

EXPLODING FULMINATE.

"Dr. A. D. Chattaway, of Ilion, was seriously injured yesterday afternoon by the explosion of a quantity of fulminate. The next morning after the burning of the cartridge works, July 7th, an earthen dish was found in the ruins that contained four or five pounds of fulminate. It was covered with water and filled with dirt and rubbish. Dr. Chattaway took the dish and set it in his cellar, where it remained ever since until yesterday, when he thought to dispose of the explosive and took it to the river. When about to throw it into the water it exploded. He was turned clear around and thrown on his face on the ground. M. D. Angell, who was with him, lifted him into a wagon and took him home, and Dr. Draper was called. Dr. Chattaway is severely hurt about the face and hands. The doctor thinks he will recover his eye-sight, although his eyes and lips are now badly disfigured, so that it will be a long time before he will recover."

Our New Men.

BELOW we print in full as far as we could ascertain so very early in the year a list of the new matriculants. Nearly all of them belong to the Freshman Class. The number is very encouraging when we consider that many will yet come in. Probably it will not be until after the Christmas recess that the class will be swelled to its full size. With such a full number on entering, '88 ought to be as large as any class ever graduated. We predict for them a highly successful college course and a brilliant professional career :

Allen, W. C.....New York.
Baker, A. C.....New York.
Bowen, G. B.....Texas.
Carr, H. L., R. S., Cornell.....New Jersey.
Clausen, B.....New Jersey.
Cummins, T. H.....New York.
Curran, J. J.....New York.
Fletcher, C. P.....New York.
Gill, J. W.....New York.
Gwynn, C. A.....New York.
Hamlin, F. W., A. B., Amherst..Massachusetts.
Haviland, W. H.....New York.
Himnan, R. E.....Georgia.
Hoag, A. A.....Connecticut.
Houghton, N. H.....Massachusetts.
Jackson, J. C.....New York.
Jacobson, F. A.....New Jersey.
Jenkins, R., B. S., Cornell,.....New York.
Jewett, H. C., A. B., Brown, ...Massachusetts.
Johnson, W. W.....New York.
Jones, H. S.....Massachusetts.
Kasdendeeck, J. T.....New York.
Landauer, S.....New York.
McGeary, H.....Pennsylvania.
McGraw, D. H., A. B., Cornell.....New York.
McIntosh, S. D.....New York.
Mandeville, F. A.....New Jersey.
Miller, H. T.....Ohio.
Moriarty, P. C.....New York.
Mowbray, J. L.....New Jersey.
Olmstead, E. M.....New York.
Parker, E. K.....New Hampshire.
Platt, C. M., A. B., Yale.....Connecticut.
Robinson, W. B.....New York.
Sawyer, W. H.....New Hampshire.
Sharger, A.....New York.
Smith, E. S.....Connecticut.
Stillwell, B. W., L. L. B.....New York.
Staples, E. L.....New York.
Sweet, R. V.....New York.
Van Bergen, H. H.....Pennsylvania.
Van Denburg, W. H.....New Jersey.
Vanderwerker, W. W.....New York.
Ver Nooy, C.....New Jersey.
Wakeley, W. A.....New Jersey.
Ward, C. A.....New York.
Wiggins, T. C.....New York.
Woodruff, J. M., A. B., Princeton..New Jersey.

Landis, H. J., M.D.....Arkansas.
Lewis, G. W., A. B., Cornell.....New York.
Oley, S. W.....New York.
Theel, T., M. D.....New York.